## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w...a applicable fee(s), to: Mail Mail Stop ISSUs. FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be analized to the current correspondence address as included but the correspondence address as the property of the patent of

indicated unless correct maintenance fee notifica	ed below or directed of itions.	hērwise in Block 1, by (		-		rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying			
				papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
00826	7590 08/16	5/2006	nav				
ALSTON & B	IRD LLP		I he	I hereby certify that this Fee(s) Transmits is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
BANK OF AMI			Stat				
101 SOUTH TRYON STREET, SUITE 4000				transmitted to the USPTO (571) 273-2885, on the date indicated below.			
CHARLOTTE,		,	1	Mandy McPartla	$\sim$ $\sim$ $\sim$	(Depositor's name)	
			7	1/11/11/At-1	CHALLUB	(Signature)	
				September 12, 2006 (Date)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.	
10/796,478 03/09/2004			Angela Adams		031599/270573	2292	
TITLE OF INVENTION: STACKABLE WINDING CORE AND METHOD OF MAKING SAME							
TITLE OF ECTEDITION	. OITION BEE WIND		, , , , , , , , , , , , , , , , , , ,				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO NO	\$1400	\$300	\$0	\$1700	11/16/2006	
		ART UNIT	CLASS-SUBCLASS	1	31700	11/10/2000	
EXAMINER KIM, SANG K		3654	242-605000	J			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37</li> <li>For printing on the patent front page, li (1) the names of up to 3 registered pater</li> </ol>					mme I Alston	& Bird LLP	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  (1) the name of a circula firm (having as a mamber a 2							
			(2) the name of a singl	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	ne)			
PLEASE NOTE: Un recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignce	data will appear on the p	stent. If an assignee is	identified below, the do	cument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Sonoco Development, Inc. Hartsville, South Carolina							
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🖾 Corpora	tion or other private gro	up entity Government	
4a. The following fee(s)	are submitted:	41	. Payment of Fee(s): (Ples	se first reannly any nr.	viously naid issue fee	hown shove)	
☐ Issue Fee ☐ A check is enclose							
☑ Publication Fee (No small entity discount permitted) ☐ Payment by credit				lit card. Form PTO-2038 is attached.			
Advance Order -	# of Copies	<u> </u>	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-0605 (enclose an extra copy of this form).				
5. Change in Entity Sta	tus (from status indicate	d above)	overpayment, to Depo	an Account Number 11	(chelose at	cxua copy of uns form).	
	s SMALL ENTITY state		☐ b. Applicant is no lon	ger claiming SMALL El	ITITY status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accepte	d from anyone other than t	he applicant; a registered	attorney or agent; or th	e assignee or other party in	
	XIMM	124	7				
Authorized Signature	Voely "		<del></del>	Date Septent	er 12, 2006		
Typed or printed nam			1	Registration No.			
This collection of inform an application. Confiden	ation is required by 37 C	FR 1.311. The information U.S.C. 122 and 37 CFR	on is required to obtain or a	etain a benefit by the pu	olic which is to file (and	by the USPTO to process) g gathering, preparing, and he you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,	
submitting the complete	d application form to the	USPTO. Time will vary	depending upon the indiv	idual case. Any comme	nts on the amount of tin	re you require to complete	
Box 1450, Alexandria, V Alexandria, Virginia 223	'irginia 22313-1450. DC 13-1450.	NOT SEND FEES OR	COMPLETED FORMS TO	THIS ADDRESS. SE	D TO: Commissioner f	or Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.